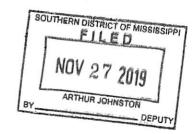
## IN THE UNITED STATES DISTRICT COURT FOR THE Southern DISTRICT OF Mississippi

(Write the District and Division, if any, of the court in which the complaint is filed.)



# (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -against-(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see

#### Complaint for Violation of Civil Rights

(Prisoner Complaint)

Case No. 3: 190 × 870 HTW LAA (to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes □ No (check one)

attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Defendants Central Mississippi Correctional Facility Mississippi Department of Corrections Sandra Lampkin William T. Brazier M.D. Captain Washington Correctional Officer Robinson Nurse Practioner N. Waltzer Nurse Practioner A. Vyleta Nurse Practioner R. King Captain Bates Nurse Cee Cee Correctional Officer Pierce eputy Warden Vivian Frazier superintendent Ronald King Gloria Perry Commissioner Pelicia Hall Leiutenant Burke

n

#### I. The Parties to This Complaint

Α.	The	Plain	tiff(	s)	
----	-----	-------	-------	----	--

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

roger wayne mavens
which you have been known:
207382, Central Mississippi Correctional Facility

14/

11 . . . . .

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	
Name	Sandra Lampkin
Job or Ti (if knowi	
Shield N	umber
Employe	(CMCF)-MDOC-Provider
Address	CMCF 3794 Hwy. 468 W.
	Pearl, Ms. 39288
☑ Ind	vidual capacity

Defendant No. 2

Name

Dr. William T. Brazier

Job or Title (if known)	Doctor - Medical Doctor (Male)
Shield Number	
Employer	(CMCF)-MDOC-Provider
Address	CMCF 3794 Hwy. 188 W.
,	Pearls NIS, 39288
☑ Individual cap	acity Official capacity
Defendant No. 3	
Name	Captain Washington
Job or Title	Correctional Officer (CMCF) 720/10
(if known)	
Shield Number	
Employer	CCMCF)-MDOC
Address	CMCF 3794 Hwy. 468 W.
,	fearls Ms.39288'
✓ Individual cap	acity
Defendant No. 4	
Name	Correctional Officer Robinson Correctional Officer - Transportation (Male)
Job or Title	Correctional Officer - Transportation (Male)
(if known)	
Shield Number	
Employer	(CMCF)-MOOC-
Address	CMCF 3794 Hwy. 468W
	Pearl, MS. 39288'
Individual cap	acity Official capacity

#### II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

	I. B.
page 1.	Defendent No.5
	Name N.P. N. Waltzer
	Job or Title <u>Nurse Practioner</u> (Female)
	Shield Number Employer (CMCF) MDOC-Provider
	Address <u>CMCF3794 Hwy. 468 W.</u>
	MIndividual capacity MOHicial Capacity
	M Individual capacity D Otticial Capacity
	Defendent No. 6
	Name N.P. A. VYleta
	Job or Title Nurse Practioner (Female)
	Shield Number Employer <u>CCMCF) MDOC-Provider</u>
	Address <mcf3794 468="" hwy,="" th="" w.<=""></mcf3794>
	Pearlo Ms. 39288
	MIndividual capacity MOfficial capacity
	Defendent No. 7
	Name N.P. K. King
	Job or Title, <u>Nurse Practioner (Male)</u> Shield Number
	Shield Number Employer (CMCF) MDOC-Provider
	Employer (CMCF) MDOC-Provider Address CMCF 3794 Hwy. 468 W.
	bar Mc. 3928X
	MIndividual capacity MOfficial capacity

I. B. page 2. Defendant No. 8 Name aptain of officers (Female) Jab or Title Shield Number *Employer* Address (CMCF) MDOC CMCF 3794 Hwy. 468 W. Individual capacity Defendent No. 9 Nurse Cee Cee Nurse (Female) Name Job or Title Shield Number CCMCF) MDOC-Provider Employer Address 3794 Hwy, 468 W. MIndividual capacity MOFFicial capacity Defendent No. 10 Correctional Officer Pierce, Name Job or little. Shield Number Employer Address (CMCF) MDOC-1 3794 Hwy. 468 W. M Individual capaci

I. B. page 3. Defendent No. 11 D.W. Vivian Frazier Name Job or Title Deputy Warden (Female) Shield Number MCE 3794 Hwy. 468 W. Pearly Ms. 39288 Employer Address Individual capacity of Official capacity Detendent No. 12 1+. Burke Name Jab or Title Shield Number Employer CMCF 3794 Hwy. 468 W. Parl, Ms. 39288 M Official capacity Individual capacity Defendent Na. 13 Ronald King Superintendent (CMCF) (Male) Mame Jab or Title Shield Number (CMCF) MDO Employer Address CMCF 3794 Hwy. 468 W. Pearly Ms 39288 IN Individual capaci

I. B.	
page 4. Defendent No. 14	
$\Lambda$ lamo	Gloria Perry (MDC) State Medical Director
Job or Title Shield Number	(MDOC) State Medical Director
Shield Number	40 0 0 0
Employer Address	
	CMCF 3794 Hwy. 488 W.
HT Lividual come	Hearly Ms. 39268. Ity Mofficial capacity
M THOMAN CAPAC	MY MOITICHI CAPACITY
Defendent No. 15	
$\Lambda hme$ .	Pelicia Hall, (MDX) Commissioner
Job or Title Shield Number Employer	(MDOC) Commissioner
Shield Number	
Employer	MDOC
Address	CMCF 3794 Hwy. 468 W.
1.11	Pearl , Ms. 39288
MIndividual capac	ity official capacity

	A.	Are you bringing suit against (check all that apply):
		☐ Federal officials (a Bivens claim)
		State or local officials (a § 1983 claim)
	В.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
	C.	Failure to provide adequate medical care. Also violated the Crue and Unusual Punishments Chuse. Prison employees and Official Show diliberate indifference to me. Eighth Amendment Violated See attachment IV. D. and Exhibits A-V. Fourteenth violated Plaintiffs suing under Bivens may only recover for the violation of certain constitutional rights. If you are suing under Bivens, what constitutional right(s) do you claim is/are being violated by federal officials?
		See attachments IV. D. and Exhibits A-V.
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.  See attachments IV. D. and Exhibits A-V.
III.	Priso	oner Status
	Indic	ate whether you are a prisoner or other confined person as follows (check all that apply):
	П	Pretrial detainee
		Civilly committed detainee
	_	Immigration detainee

	V	Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	State	ment of Claim
	person relevation of than of	as briefly as possible the facts of your case. Describe how each defendant was nally involved in the alleged wrongful action, along with the dates and locations of all ant events. You may wish to include further details such as the names of other persons wed in the events giving rise to your claims. Do not cite any cases or statutes. If more one claim is asserted, number each claim and write a short and plain statement of each in a separate paragraph. Attach additional pages if needed.
	А.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.  Tallahatchie County Sheriff's Department made a false report to media, news, and newpapers that has he ped cause indiffence to my medical treatment and conditions and treatment.  If the events giving rise to your claim arose in an institution, describe where and when
	Б.	they arose.  The employee's at CMCF from Feb. 2018 to the present have denied me office medical treatment, access to medical treatment, hardicapp accessibility, access to legal services, and fair and ethical treatment as a handicapped or disabled inmor
	C.	What date and approximate time did the events giving rise to your claim(s) occur?  From Feb. 2017 to present. SEE Exibits A-V
	D.	What are the facts underlying your claim(s)? (For example: What happened to you?  Who did what? Was anyone else involved? Who else saw what happened?)
Prison O		

I put in Buildings and zones that were druggend go	were maspromoted
I was constantly harassed by guards and medical	staff.
Please refer to Exibits A-V	<del></del>
Dee Miragai	·

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I have been beat chared beat against racks or hed, dumped from wheelchairs. I was denied healthcare after being beat numerous times. I was never sent to follow-up with UMMK. to get physical therapy scheduled. I was never given proper treatment. I was even interferred with when I got to a doctor one time. Officer Robinson prevent me from getting proper treatment on that occassion. Exibits A-V explain it all.

#### VI. Relief

VII.

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am asking to recieve adequate medical treatment.
I am asking to get physical therapy and have
any medical surgeries or equipment associate
with my conditions provided. I am also
request compensation for assault and pain and suffering for
request compensation for assault and pain and suffering for the amount of \$500,000. And \$500,000 for mental anguish Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

VI. Relief Continuations also ask for \$500,000 associated injuries substained

IV. D. Continuations page 1. I (Roger Wayne Havens) was brought to Central
Mississippi Correctional Facility on February 22,2018
by Tallahatchie County Deputy Benji McKinney. He
brought me here after dark. Everybody here said, "This man
ain't supposed to be here because of the extent of my injuries. This was said by Healthcare staff and Correctional officers too. I could not do anything for myself except pick up food with my hand. I could not even use a spoon or fork. My injuries were a broken neck, broke arm, broke wrist, brokefingers on each hand, broke leg, broke bones in my feet (both), hypo-thermia and frost bite to my feet, had staples in the back of my head from the top of my head to midway of my shoulders, had braces on arms and fingers on both hands, had cats all over my body, road rash covering my entire back, my left knee had open wounds were flesh was hanging out and had been cut off and stiched up had road rash over 60% of my body strickes all over my body. At the time I arrived at (CMCF) I never thought these doctors, nurses, guards, prison officals, and employees would not help me to recieve adequate medical care or would abuse me and put me in harms way, but I was definitly wrong. I was in such bgg, shape that I was at any and every bodies around mercy. As soon as I arrived guards and nurses started saying they seen me on the news

IV. D. Continuations page 2. and I jumped out the window of a truck. I was placed in a cell at the clinic for a ten day. Then they moved me to quickbed. Some of the nurses said we ain't got noom for him over here he did this to himself. We don't care what happers to you. I was suppose to recieve pain medication 3 times a day, but I was only brought over I time a day and some days not at all. I dressing to be changed daily too, but those were neglected also. I was put in an area were I had no help at all. I could not get to the both room or shower. I fell numerous times just trying to get on the toliet on take a shower. I fell just trying to get from my wheelchair to the toliet. From the time I brought out of the clinic room I was abused and neglect very badly. I was taunted and harass by quards and medical staff everytime I went to the clinic. Captain Washington and other guards would tount me and tell evaybody at the clinic that I jumped out the window of the sheriff's truck. He was telling nurses and dactors this too. I was being treated badly and being neglected of my health needs. It was very hard for me to get name at this time period. I was not allowed to carry paper and pen. Guards and employees, do not all have name on shirts. When ask

TV. D. Continuations
page 3. for employee's names they got made and treated
me even worse. And of course they would
not give me there names. Even when I was
able to read a name of hear it, I was so stressed
and scared and in so much pain I could not remember it by the time I got to paper and pen. This one particular nurse, they called her nurse Cee Cee. She was alway very abusive and angry toward me. I recall one occassion where the guard in the clinic told an inmate to push me and my wheelchair to a particular location to wait for my medication and bandage change. Nurse Cee Cee comes over hollaring and cursing and even threatening me. She told me I could not be there to go back in the holding tank. The guard spoke up for me and got mad at the nurse and tells her to leave me alone. She told me nurse she put me there and I was not hurting anything. Nurce Cee Cee threatens me saying she going to give me and RVR. Then, she says I know what I and KVK. Then ste says I know wind I can do to hurt you even worse. She started laughting. She opes and cancels my medication and bandage changes. I could not believe how malicous and vergeful she was toward me. I had to go through alot of stuff get my care, back started. I had to put in, a sick call and talk to the doctor, he said that volid she

IV. D. Continuations page 4. not even have the outbority to do what she did. Dr. Brazier said, "She did not have authority to do that. It was 5 to 7 days before I got it straightened out. They also charged me for sick ealls that I should not have been charged for I was scheduled for medication 3 time a days but the tower officer would not get me a ride to the clinic but I time a day. The nurse's and doctor, said "bu are scheduled for 3 times a day the have to bring you over here, but they would not. Someday's the tower officer would not get me a ride to the clinic at all. I had serious injuries and they had me house all the way on the opposite side of the entire compount from my medication or any type of medical assistance. I was assuated, chocked, neck twisted, and dumped from my wheelchair. I wrote ARP3 and nothing happened. I even talked to Warden Frazier and 2 captain's. I have never even been issued shoes or handbook's since I have been at CCMCF). I have been done bad in alot of ways by Nurse Cee Cee and Captain Washington. Those two acted like they enjoyed abusing and harassing me. Nurse Cee Cee and Captain Washington were constantly trying to make my life bad by having me harass and Strip searched everyday while traveling to and

IV. D. Continuations

page 6. Keep me with a false hope that they would help me. Dr. Brazier knew they were doing me wrong so he stopped seeing me because he was scared of the lawsuit. He knew I was being lied to by hims nurse's prison officials, medical staff, medical administrator (Sandra Lampkin), and guards. The nurse at clinic tried to remove the staples from my neck and head. These staples had been in since January 2018. The nurse got 20 out and could not get 9 or 10 of them out. They would not get me to a doctor who could actually remove them correctly. N. P. A. Vyleta, N.P. N. Waltzer. and their provider doctor could not get the N. Waltzers and their provider, doctor could not get the last staple out. N.P. N. Walker removed 8 or 9 and had me pouring blood and in soi much pain. She still could not get the last one out. By what Dr. Brazier Wrote on ARP responses, they were performing work on me and not documenting it. I would write sick calk like they would tell me to do. They would call me to the clinic and take my temperature and blood pressure and send me back to the zone without seeing a Nurse Praction on Note to the sun can see an and send me Practioner or Doctor, As, you can see on exhibits H.I still had this staple in my head. This was at least 5 months after installation. They would tell me write, sick calls to get staple removed. I was called to clinic.

IV. D. Continuations page 1. The nurse checked temperature and blood pressure.

Then she asked me what was wrong. So I told her about the staple and physical therapy.

She instantly get mad and call me a ligh.

So she says show me a staple and I pull my hair back once again and there is a staple. She tells me to go to the them that whom to me to the milding tank. other desk then to go to the holding tank. Captain Washington shows up and goes in and talks to nurse and comes back out to the holding tank. He tells me to get up out of the wheelchair. I tell him I can not walk or stand. He grabs me by the back of my neck yere it has been replaced and squeezes and trys tries to push me, into the flor. Then he grabs the the thoracks dumps me to the floor as he chocks me. He leaves me laying in the floor. Inmates wait until he leaves and ask if I am okay. I am not my neck is in severe pain and can't move my neck. After about an hour the inmate clinic worker and a nurse comes out and gets me into a wheelchair and takes me an helps me anto my bed and take my wheelchair. I had no way to get ground the zone to the restroom, shower, dining hall, or anywhere for medical

IV. D. Continuations page 8. attention. I could not get to pill call or clinic. I begged to recieve lay in trays. I went one day without any food. And on some of the day day without any food. And on some of the day I only got for 2 trays. I wrote ARP's letters to commissioner (Pelicia Hall), superinferdent (Ronalking), wrote sick calls, medical request forms, and had my family call to Pelicia Hall's office as well as (CMCF) to get me help and wheelchair. I describe to certain extent what occurred on the forms and my family to prison officials in Jackson and here at (CMCF). There were plenty of witness's who seen this occur. They tried and did move me from the zone I was in because I had all those witness's in there. This incident with Capitain Washington occurred on 6-21-18 at CMCF 720 medical clinic holding tank). It was around medical clinic holding tank). It was around 3 weeks before I recieved a wheelchair. In that length of time I went through so many hardship's and grief. I urinated on my on numerous occassions and did not even have a way to get to the Shower to clean-up.

I was able to perform any day to day functions or get any type of assistance.

I finally got the staple out of my head, but not because of any medical attention. I was asleep and woke up with my head attached to my

# IV. D. Continuations

pages. From the clinic. I even witnessed Nurse Cee Cee tell Captain Washington to give me a hard time. I was even charged with an C7 RVR for having my own prescription ibuprofen with me. I was never given a handbook. I had no idea it was a Violation to have my medication out of the original packaging. I ask how I could appeal RVR and the warden or none of employee's would tell me. Deputy Warden Frazier was over quickbed. I chacked and were my neck was replaced hurts so bad. I move from quickbed around the middle of April, 2018. The abuse did not stop it got even worse by inmates and guards. Medical staff almost refused me treatment. They would see me chronic care or tell me to put in sick calls. The doctor would not see me and, When I would try to discuss my healthcare or treatment they would say we can do anything about iter we will talk to Dr. Brotzier. I constantly did any and everything I could do to get medical attention. I wrote ARP's about my medical needs. Dr. Brazier told me at one time when he got medical records from UMMC he could see what was going on. When he got them he said Oh you are in bad shape we feel sorry for you. I just being told whatever they thought would

IV. D. Continuations

page 10. They were trying to check my neck from all the assualts from guards and inmates. I was taken by 2 correctional officers. The male officers hame was Rabinson, but I do not know the females name. When I was brought in to the doctors office, she examined me then she said she was gonna, get a CT scan, of my neck done first. She said I need physical therapy. Me and her were talking about physical therapy. That is, when officer Robinson interferred with my medical treatment. He lied to the doctor and told her this prison had physical therapy. They do not have physical therapy. I spoke up and said they do not have it and I am requesting it. Then he told the female officer to push me out of the room. Then he threatened me and told me he would give me a reason to need physical therapy. He stay in the room with the doctor, and I could hear, him tellim the doctor and I could hear him to, doctor, that I did not need physical therapy and they have it at the prison anyway the compromised my medical attention and prevented me from recieving medical treatment ysical therapy. Then I was taken to Herent location for the CT Scan. Exibi Q+U has reference to this issue with OH Robinson. When you read through the ARP's

IV. D. continuations

page 9. bed sheet by this staple. I could not get anyone, to help me to unattached from my sheet. I could not see or feel how get them apart. I tried to rip the sheet gloose, but could not. It was hurting and bleeding everywhere. I was so scaled and frustrated. Finally while attempting to separate them, the staple was ripped from my head. I could not get the tower officer to allow me to get medical attention. This incident occurred on or about the 1st week of September 2018. M.D. William T. Brazier would not see me because he knew I was writting ARP's and betters which my medical attention and letter's about my medical attention and healthcare. This is indifferent of my healthcare, Violation of eighth amendments cruel and unusual punishment, gross negligence, deliberate indifferente to my healthcare and medical needs. I continued to seek medical attention and physical therapy. I was still being assaulted by inmates. I ask and begged for protective custody, or even a safe zone. I did, not recieve it though. My neck was twisted, pulled, chooked, was even attempted to rip my head from my shoulders. I was taken to the medical mall. The doctor tall me she was going do my CT scan and check my neck and set me up another tallow up so, we could get my physical therapy sheduled.

IV. D. Continuations page 11. and responses you will see where I was told I was being scheduled for follow-up appointments physical therapy, and medical attention, that I never recieved, I sign ARPS and send them, back to seek Judicial Review or appeal and they would be sent straight back to me or I would never see or hear anything else about them. I have written more ARPS than what I have in Exibits. I was told by Sandra Lamkin (site medical administrator) that they were scheduling physical therapy and re-scheduling for follow up apointments. She told me I would be coming back to her office for a follow-up to discuss the CT scan on my neck and schedule my physical therapy. The way the ARP responses sound someone has not done their job. I have been at this prison and no one has came and got me to go for anymore appointments. I sure have not refuse any medical attention. They were just giving me answers to ARP's to keep me with a take sense of hope and to prevent me from sueing or proceeding with legal actions. I have tried to seek Judical Reviews but did not know, how and no one would tell me how. Even sent alot written requests for Judical Review. I even wrote

IV. D. Continuations page 12-that I want assistance in seeking Judical Review and some were mail back and never seen some again. I was able to get copies of one, wrote that on. I also have some sent me. I have sent numerous letters to Ronald King (superintendent), Pelicia Hall Commissioner), Dr. William T. Brazier, Gloria Perry (state medical director), Sandra Lampkin (Site medical administrator) and recieved no response. I had my family to an, appointment to see doctor and get physical therapy. They have done nothing to help me have been through so much with all beatings, abuse, and neglect considering my condition. From the time I recieved I 30 days for Review if not satified with responses but would say they we scheduling physical or medical treatment. The ART themselves. know the lled from physical their have times they would even give me the CAPV, instead of inmate capy. That is capy. Nabody here a is el

IV. D. Continuations page 13.11 any situation according to their opinion. Please read the ARP's and look at the dates and content. I even ask to be protected or put in protective custody, but was put in buildings and zones where gangs, violence, and drugs were promoted and supplied by guards. I have been bests assautted, and almost killed, traying for help and relief in this case. On one occassion I was assaulted and badly injuried by inmates. I was taken out of Lone to clinic for some treatment. Captain Bates would not tell me how to fill changes against other inmates. She even to me I hope they kill you". She told me on numerous occassions I owed people money and that I was drugs. None of that was true about me, She told me she was going to put me in the worst zone's and did not care what happened to me. She hope I did not survive prison. She denied me of being where other handicapped and disable people who can not defend theirselves. Cruel and unusal punishment was put on me. She did care at all apout protecting or keeping me safe, at all.

It. Burks properted me from authin Lt. Burke prevented me from getting to Inmate Legal Assistance Program, medical

IV. D. Continuations pose 14-treatment at 720 clinic, and denied me of church services. She would not let me go to the things because I was in a wheelchair. She said that the reason too. I had doctor's appointments and I.L.A.P. appointments.

Officer lierce has neglected my safety trust, her duties as a State correctional officer. I was beat to within an inch of my life. She comes in the zone holdering and cursing me. The inmotes, who done the assualt were flirting and talking what to her. She liked it and tilted back. Allow them the holder and curse me as I was trying get my property to leave she allowed them to steal my to leave. She allowed them to steal m property with her watching and would not even stop them or get my propert back. Once I, reached the clinic she steadily screamed and hollared at me. She allowed' those guys to threaten me in front of her. I was, hurt so badly I tried to reach down to check my ankle and fell out of my wheelchair. She tried say she was gonna give me an RVR. She told me I was synkie and a worthless piece of raps because I was disabled and told on them guys,

A.	Did ;	your claim(s) arise while you were confined in a jail, prison, or other correctional ity?
		Yes
		No
	the t	s, name the jail, prison, or other correctional facility where you were confined at time of the events giving rise to your claim(s).  Introl Mississippi Carrectional Facility
B.		s the jail, prison, or other correctional facility where your claim(s) arose have a vance procedure?
		Yes
		No
		Do not know
C.		s the grievance procedure at the jail, prison, or other correctional facility where claim(s) arose cover some or all of your claims?
		Yes
		No
		Do not know
D.	On We by Did	ARP responses they provided that they ere going to correct some of the issues at they never did at all Exibits N.O.P. R.F. by corrective responses that were never done by CMCF. you file a grievance in the jail, prison, or other correctional facility where your in(s) arose concerning the facts relating to this complaint?
	V	Yes
		No

### Case 3:19-cv-00870-HTW-LRA Document 1 Filed 11/27/19 Page 28 of 33

		did you file a grievance about the events described in this complaint at any other orison, or other correctional facility?
		Yes
		No
E.	If you	u did file a grievance:
	1.	Where did you file the grievance?  N/A
	2.	What did you claim in your grievance?
	3.	What was the result, if any?
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

F.	If you did not file a grievance:			
	1.	If there are any reasons why you did not file a grievance, state them here:		
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:  NA		
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.  MA			
	(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)			
Prev	ious La	wsuits		
court incar State upon	withou cerated s that w which r	rikes rule" bars a prisoner from bringing a civil action or an appeal in federal t paying the filing fee if that prisoner has "on three or more prior occasions, while or detained in any facility, brought an action or appeal in a court of the United as dismissed on the grounds that it is frivolous, malicious, or fails to state a claim relief may be granted, unless the prisoner is under imminent danger of serious ry." 28 U.S.C. § 1915(g).		
To th		f your knowledge, have you had a case dismissed based on this "three strikes		
		Yes		
		No		

VIII.

A.	Have		
	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?		
		Yes	
		No	
B.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)		
	1.	Parties to the previous lawsuit	
		Plaintiff(s)	
		Defendant(s)	
	2.	Court (if federal court, name the district; if state court, name the county and	
		State)	
		N/A	
	3.	Docket or index number	
		NA	
	4.	Name of Judge assigned to your case	
		N/A	
	5.	Approximate date of filing lawsuit	
		NA	
	6.	Is the case still pending?	
		□ Yes	
		□ No	

	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)  A
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?	
		Yes
		No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)	
	1.	Parties to the previous lawsuit  Plaintiff(s) Roser Wayne Havens  Defendant(s) Tallahatchie County Sheriff Office et.
	2.	Court (if federal court, name the district; if state court, name the county and State)  Federal Court Northern District
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?  Yes
		□ No

IX.

	If no, give the approximate date of disposition.				
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)  MA				
Certif	fication and Closing				
knowl improp of litig modifi if spec for fur	Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my ledge, information, and belief that this complaint: (1) is not being presented for an per purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost gation; (2) is supported by existing law or by a nonfrivolous argument for extending, lying, or reversing existing law; (3) the factual contentions have evidentiary support or, cifically so identified, will likely have evidentiary support after a reasonable opportunity or ther investigation or discovery; and (4) the complaint otherwise complies with the ements of Rule 11.				
A.	For Parties Without an Attorney				
	I agree to provide the Clerk's Office with any changes to my address where case- related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.				
	Date of signing:, 20				
	Signature of Plaintiff  Printed Name of Plaintiff  Roger Wayne Havens  Prison Identification # 207382  Prison Address CMCF 3794 Hwy, 468 W,  Pearl MS 39288  City State Zip Code				
В.	For Attorneys				
	Date of signing:, 20				
	Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm				

### Case 3:19-cv-00870-HTW-LRA Document 1 Filed 11/27/19 Page 33 of 33

Address	
Telephone Number	
E-mail Address	